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Student's Formal Request for Accommodation Due to a Disability

Date: _____

TO: The School ADA Liaison: _____ **(Listed School)**

I request ADA/504 educational accommodation(s) due to a specific disability. The documentation of my qualified disability of a medical, learning and/or psychological diagnosis establishes a need for reasonable accommodations. This documentation will be shared and discussed with the Student ADA Coordinator at the Jamail Student Center, Room 2.126 and/or by phone number 409-747-4818. I understand and hereby authorize that this request is kept confidential in the Department office according to The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

From: _____

Student's Name

Student's Signature